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| **1. CALIFORNIA ISO METERING SITE VERIFICATION SHEET** 8/25/2023 **V****1.5** | | | | | | | |
| Internal ISO Number: |  | Resource ID: | |  | | | |
| Meter Designation: |  | Meter Name: | |  | | | |
| New Meter Device ID: |  | Existing Meter Device ID: | |  | | | |
| **2. Facility Information** | | | | | | | |
| Site Name: | | Owner: | | | | | |
| Facility Address: | | City: | State: | | | Zip: | |
| Site Contact’s Name: | | Phone No: | | | | | |
| **3. CAISO Revenue Metering and Communication Information** | | | | | | | |
| Inspection Type: | | Net MW: | | | | | |
| Meter kV: | | Site Aux MW: | | | | | |
| Interconnect kV: | | Distance to POR (mi): | | | | | |
| **4. CAISO Revenue Metering and Communication Information** | | | | | | | |
| Meter Manufacturer: |  | Meter Model: | |  | | | |
| Meter Serial Number: |  | Form: | |  | 3WΔ | | 4WY |
|  |  | CAISO Polled Meter: | |  | | | |
| PT/CT Units meet CAISO BPM Requirements?  - \*If unchecked: Exemption is Required | | | | | | | |
| Does Meter Accept External Inputs?  - \*If Checked: Explain and provide Device IDs in remarks | | | | | | | |

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| **5. Instrument Transformer Correction Factors** | | |
| Full Load @ Unity: | Full Load @ 50% PF: | Light Load @ Unity: |

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| **6. Tested and Calculated Transformer and Line Loss Compensation Values** | | | | | | | | | | | | | | | | |
| Watt Losses | | XFMR | | LINE | | TOTAL | | VAR Losses | | | XFMR | LINE | | TOTAL | | |
| Test % Watt Fe Loss: | | 0.0000 | | 0.0000 | | 0.0000 | | Test % VAR Fe Loss: | | | 0.0000 | 0.0000 | | 0.0000 | | |
| Test % Watt Cu Loss: | | 0.0000 | | 0.0000 | | 0.0000 | | Test % VAR Cu Loss: | | | 0.0000 | 0.0000 | | 0.0000 | | |
| Test % Watt Total Loss: | | 0.0000 | | 0.0000 | | 0.0000 | | Test % VAR Total Loss: | | | 0.0000 | 0.0000 | | 0.0000 | | |
| **Programmed** % Total Loss | | 0.0000 | | 0.0000 | | 0.0000 | | **Programmed** % Total Loss: | | | 0.0000 | 0.0000 | | 0.0000 | | |
| **7. Transformer and/or Line Loss** | | | | | | | | **Distribution Compensation Factor(DCF)** | | | | | | | | |
| Loss:  - Transformer and/or Line Losses Programmed | | | | | | | | DCF:  % - \*Shall provide document to support DCF | | | | | | | | |
| **8. CAISO Revenue Meter Seal Information** | | | | | | | | | | | | | | | | |
| **As Found Meter Seals** | | | | | | | | **As Left Meter Seals** | | | | | | | | |
| Meter Seal: | | |  | | | | | Meter Seal: | |  | | | | | | |
| Terminal Cover Seal: | | |  | | | | | Terminal Cover Seal: | |  | | | | | | |
| Test Switch Seal: | | |  | | | | | Test Switch Seal: | |  | | | | | | |
| **9. Voltage Transformer Information** | | | | | | | | | **Current Transformer Information** | | | | | | |
| Name Plate Data | Aφ | | | | Bφ | | Cφ | | Name Plate Data | | Aφ | | Bφ | | Cφ |
| Manufacturer: |  | | | |  | |  | | Manufacturer: | |  | |  | |  |
| Serial Number: |  | | | |  | |  | | Serial Number: | |  | |  | |  |
| PT Ratio: | : | | | | | | | | CT Ratio: | | : | | | | |
| Type: |  | | | |  | |  | | Type: | |  | |  | |  |
|  |  | | | |  | |  | | RF: | |  | |  | |  |
| Nominal Volts: | kV | | | | kV | | kV | | Nominal Volts: | | kV | | kV | | kV |
| BIL: | kV | | | | kV | | kV | | BIL: | | kV | | kV | | kV |
| Accuracy Class: |  | | | |  | |  | | Accuracy Class: | |  | |  | |  |
| Burden Rating: |  | | | |  | |  | | Burden Rating: | |  | |  | |  |
| Actual Burden: | VA | | | | VA | | VA | | Actual Burden: | | Ω | | Ω | | Ω |
| Visually Verified\*: |  | | | |  | |  | | Visually Verified\*: | |  | |  | |  |
| \*If PTs and CTs were not visually verified please indicate why in the remarks section and provide documents to support nameplate information | | | | | | | | | | | | | | | |

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| **10. Test Set Standard Information** | | | | | | | | | | | | | | |
| Test Set Make: | | | Serial # of test set used: ENTER SERIAL # | | | | | | | | Test Set Type: | | | |
| Next Cal. Date: | | | Date Meter Tested/Calibrated: | | | | | | | | Kind: | | | |
| **11. Meter Calibration Test Results and Record** | | | | | | | | | | | | | | |
|  | | Meter Wh/ Pulse | | Meter Pulses | Meter  Watthours | | Standard Watthours | % Meter Registration | | (X) Standard Correction | | (X) Instrument Transformer Correction | | (=) Final % Meter Registration \*As Percent |
| Wh Load FL | | 1.000 | | 10 | 10.0 | |  |  | | 1.00000 | | 1.00000 | | 0.000 |
| Wh Load PF | | 1.000 | | 5 | 5.0 | |  |  | | 1.00002 | | 1.00000 | | 0.000 |
| Wh Load LL | | 1.000 | | 2 | 2.0 | |  |  | | 1.00000 | | 1.00000 | | 0.000 |
| Wh Generation FL | | 1.000 | | 10 | 10.0 | |  |  | | 1.00000 | | 1.00000 | | 0.000 |
| Wh Generation PF | | 1.000 | | 5 | 5.0 | |  |  | | 1.00002 | | 1.00000 | | 0.000 |
| Wh Generation LL | | 1.000 | | 2 | 2.0 | |  |  | | 1.00000 | | 1.00000 | | 0.000 |
| VARh Load PF | | 1.000 | | 5 | 5.0 | |  |  | | 1.00002 | | 1.00000 | | 0.000 |
| VARh Generation PF | | 1.000 | | 5 | 5.0 | |  |  | | 1.00002 | | 1.00000 | | 0.000 |
| **12. Inspector Information and Final Remarks** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **13.** | Installer | | | | | Programmer | | | \*\*ISO Authorized INSP.: Inspector #: | | | | \*\*\*Site Owner: | |
| Name: |  | | | | |  | | |  | | | |  | |
| Company: |  | | | | |  | | |  | | | |  | |
| Phone: |  | | | | |  | | |  | | | |  | |
| Date Completed: |  | | | | |  | | |  | | | |  | |
| Email: |  | | | | |  | | |  | | | |  | |
| DocuSign Signature: | InstSig | | | | | ProgSig | | | InspSig | | | | OwnSig | |
| **\*\*CAISO Authorized Inspector must comply BPM section 3.2.3.5 and with all sections of the Meter Inspector Certification Agreement. \*\*\*Site Owner is responsible for the accuracy of the information on this form. By signing this form the responsible parties confirm that the meter has passed inspection criteria and the phasor diagram has been captured as required. Form must be submitted within 5 Business Days after meter replacement or after synchronization has been established with the CAISO to be used in the T+55 settlement statement. It is Site Owner’s responsibility to keep a copy of this document for the life of this Meter.** | | | | | | | | | | | | | | |